

PERSONNEL DATA QUESTIONNAIRE		1. Office location <input checked="" type="checkbox"/>	2. Serial number <input checked="" type="checkbox"/>
3. Name <input checked="" type="checkbox"/>		4. Birth date: (Day) (Month) (Year) <input checked="" type="checkbox"/>	
5. Sex and race: (check appropriate box)			
<input checked="" type="checkbox"/> (1) Male-White <input type="checkbox"/> (3) Male-Oriental <input type="checkbox"/> (5) Female-White <input type="checkbox"/> (7) Female-Oriental <input type="checkbox"/>		<input type="checkbox"/> (2) Male-Negro <input type="checkbox"/> (4) Male-Other <input type="checkbox"/> (6) Female-Negro <input type="checkbox"/> (8) Female-Other <input type="checkbox"/>	
6. No. dependents: <input checked="" type="checkbox"/> (include self)		7. Willing to go overseas? <input checked="" type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>	
		8. Marital status: (1) Single <input type="checkbox"/> (4) Divorced <input type="checkbox"/> (2) Married <input type="checkbox"/> (5) Separated <input type="checkbox"/> (3) Widowed <input type="checkbox"/>	
9. Citizenship: How acquired: (If not by birth, give year you acquired U.S. citizenship: _____)			
<input checked="" type="checkbox"/> (1) U.S. <input type="checkbox"/> (2) Other <input type="checkbox"/>		(1) Birth <input type="checkbox"/> (3) Naturalized <input type="checkbox"/> (4) Other (specify): <input type="checkbox"/>	
10. Legal residence: Name of state: _____ Code: _____			
11. Relatives by blood or marriage living overseas: give country names only.			
COUNTRY CODE		COUNTRY CODE	
COUNTRY CODE		COUNTRY CODE	
12. Physical handicaps: list any physical handicaps you may have.			
HANDICAP CODE		HANDICAP CODE	
HANDICAP CODE		HANDICAP CODE	
13. Present draft status: A. Have you registered for draft? (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>			
<input checked="" type="checkbox"/> B. If yes, check your present draft classification below:			
1A <input type="checkbox"/>	2A <input type="checkbox"/>	4A <input type="checkbox"/>	4E <input type="checkbox"/>
1AO <input type="checkbox"/>	2C <input type="checkbox"/>	4B <input type="checkbox"/>	4F <input type="checkbox"/>
1C <input type="checkbox"/>		4C <input type="checkbox"/>	<input type="checkbox"/> NOT YET CLASSIFIED
1D <input type="checkbox"/>	3A <input type="checkbox"/>	4D <input type="checkbox"/>	
14. Service record: A. Check organizations in which you have served:			
<input checked="" type="checkbox"/> (1) Army <input type="checkbox"/> (4) Air Force <input type="checkbox"/> (7) National Guard <input type="checkbox"/>		(2) Navy <input type="checkbox"/> (5) Coast Guard <input type="checkbox"/> (8) Foreign Military Organization <input type="checkbox"/>	
(3) Marine Corps <input type="checkbox"/> (6) Merchant Marine <input type="checkbox"/>			
<input checked="" type="checkbox"/> B. Length of active duty in the U.S. armed services (including training tours):			
(1) World War I and all prior duty _____		Years _____ Months _____	
(2) Between World War I and World War II _____		Years _____ Months _____	
(3) World War II _____		Years _____ Months _____	
(4) Since World War II _____		Years _____ Months _____	
Total active duty to date: Years _____ Months _____			
<input checked="" type="checkbox"/> C. Check status on separation (1) Commissioned <input type="checkbox"/> or (2) Enlisted <input type="checkbox"/>			
Name of service	Rank, grade, rating	Arm, branch, corps	Serial, service, file no.
Code	Code	Code	Code
<input checked="" type="checkbox"/> D. Check type of separation:			
(1) Retirement for age <input type="checkbox"/> (5) Separated (Points, category, etc.) <input type="checkbox"/>		(2) Retirement for service <input type="checkbox"/> (6) Release essential to national health, safety, or interest <input type="checkbox"/>	
(3) Retirement for combat disability <input type="checkbox"/> (7) Release because of undue hardships <input type="checkbox"/>		(4) " for other physical disability <input type="checkbox"/>	
<input checked="" type="checkbox"/> E. Military specialty: Give name of specialty or MOS number .			
SPECIALTY	CODE	SPECIALTY	CODE

14. Service record (continue):

F. If your present status differs from that in 14 C, show change and date effective:

Commissioned _____	Date _____	Code _____
Service _____	Date _____	Code _____
Arm, branch, corps _____	Date _____	Code _____
Rank, grade, rating _____	Date _____	Code _____
Service, serial, file no. _____	Date _____	Code _____

✓ G. Are you now in the National Guard? (1) Yes ☐ (2) No ☐

If yes, what unit? _____

Did you enter Federal armed forces through National Guard? (1) Yes ☐ (2) No ☐H. Do you have reserve status? (1) Yes-inactive ☐ (2) Yes-active ☐ (3) No ☐Are you assigned to an agency unit? _____ (1) Yes ☐ (2) No ☐

If no, what is your assignment? _____

Is your assignment an organized unit? _____ (1) Yes ☐ (2) No ☐✓ I. Do you have a mobilization assignment? _____ (1) Yes ☐ (2) No ☐

If yes, state name of unit organization: _____

15. Education

✓ J. A. Extent: check box indicating your highest level of schooling. If you check 4 or 6 complete blanks:

(1) Grammar school graduate <input type="checkbox"/>	(4) Some college <input type="checkbox"/>	Major: (a) _____
(2) Some high school <input type="checkbox"/>	(5) College graduate <input type="checkbox"/>	College: (b) _____
(3) High school graduate <input type="checkbox"/>	(6) Some graduate work <input type="checkbox"/>	Codes: (a) _____ (b) _____

✓ B. Degrees: fill in appropriate spaces.

(1) Bachelor degree	Title: _____	Major: _____	College: _____	CODES _____
(2) Master degree	Title: _____	Major: _____	College: _____	CODES _____
(3) Doctor degree	Title: _____	Major: _____	College: _____	CODES _____

(4) Year in which you received your highest degree: _____

✓ C. Other schooling: list specialty of any other schooling you have received (including service schools).

16. Foreign language knowledge: fill in name of language and check appropriate boxes. If you are proficient in more than three foreign languages, attach extra sheet giving the same information as requested below for each additional language.

LANGUAGE NAME	CODE NO.	ABILITY TO:	PROFICIENCY			HOW KNOWLEDGE WAS ACQUIRED
			SLIGHT	FAIR	FLUENT	
		Read	(1) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>	(1) School <input type="checkbox"/>
		Write	(2) <input type="checkbox"/>	(6) <input type="checkbox"/>	(10) <input type="checkbox"/>	(2) Travel <input type="checkbox"/>
		Speak	(3) <input type="checkbox"/>	(7) <input type="checkbox"/>	(11) <input type="checkbox"/>	(3) Spoken <input type="checkbox"/>
		Interpret	(4) <input type="checkbox"/>	(8) <input type="checkbox"/>	(12) <input type="checkbox"/>	at home <input type="checkbox"/>
		Read	(1) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>	(1) School <input type="checkbox"/>
		Write	(2) <input type="checkbox"/>	(6) <input type="checkbox"/>	(10) <input type="checkbox"/>	(2) Travel <input type="checkbox"/>
		Speak	(3) <input type="checkbox"/>	(7) <input type="checkbox"/>	(11) <input type="checkbox"/>	(3) Spoken <input type="checkbox"/>
		Interpret	(4) <input type="checkbox"/>	(8) <input type="checkbox"/>	(12) <input type="checkbox"/>	at home <input type="checkbox"/>
		Read	(1) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>	(1) School <input type="checkbox"/>
		Write	(2) <input type="checkbox"/>	(6) <input type="checkbox"/>	(10) <input type="checkbox"/>	(2) Travel <input type="checkbox"/>
		Speak	(3) <input type="checkbox"/>	(7) <input type="checkbox"/>	(11) <input type="checkbox"/>	(3) Spoken <input type="checkbox"/>
		Interpret	(4) <input type="checkbox"/>	(8) <input type="checkbox"/>	(12) <input type="checkbox"/>	at home <input type="checkbox"/>

Number of additional languages listed on attached sheet: (if any) _____

- ✓ 17. Area Experience: give information requested below for all foreign countries you have visited for longer than 60 days. (Use additional sheet if necessary.) Under column headed "reason for visit" indicate whether you were in a military or civilian capacity and whether your primary purpose was business, education, recreation, etc. If you were serving overseas as a CIVILIAN employee of the Federal government, furnish name of agency by which you were employed.

COUNTRY	CODE	DATES OF STAY	REASON FOR VISIT	CODE

✓ 18. Work Experience:

- A. PRIOR to CIA Employment: list the three fields of work which you consider to have been your best qualifications at the time of your appointment to the CIA or predecessor organizations. If you had never worked before or had held only one or two positions, give only such information as is pertinent. Identify your particular specialty as closely as possible.

OCCUPATION	CODE	TYPE OF ACTIVITY IN WHICH EMPLOYED				Total months of experience
		Industry	Academic	Self-Empl.	Gov't (Name Agency)	
		(1)	(2)	(3)	(4)	
		(1)	(2)	(3)	(4)	
		(1)	(2)	(3)	(4)	

- B. SINCE CIA Employment: Describe the primary duties you have performed since your appointment to CIA or predecessor organization. Be as specific as possible: rather than using a position title such as Intelligence Officer, show the type of work performed and the geographic area and/or subject matter field if applicable.

DESCRIPTION OF DUTIES	CODE

- ✓ 19. Special Work Experience: Check whether you have ever been employed by any of the agencies listed below:

- (1) U.S. Secret Service ☐
 (2) Civil police ☐
 (3) Military police ☐
 (4) U.S. Border Patrol ☐
 (5) U.S. Narcotics Squad ☐
 (6) Office of Strategic Services ☐
 (7) Office of War Information ☐
 (8) Federal Bureau of Investigation ☐
 (9) Office of Naval Intelligence ☐

- (10) Army G-2 ☐
 (11) Air Force A-2 ☐
 (12) Foreign Economic Administration ☐
 (13) Counterintelligence Corps ☐
 (14) Criminal Investigation Dept ☐
 (15) Immigration and Naturalization inspection ☐

- ✓ 20. Utilization of typing and stenographic skills: answer appropriate questions below even if your skills are rusty.

	Used in present job?		Proficiency?	Would you prefer an assignment using skill oftener?	
	Approx. % time	No	Approx. wpm	(1) Yes	(2) No
A. Typing	(1)	(2)		(1) Yes	(2) No
B. Shorthand	(1)	(2)		(1) Yes	(2) No

- Shorthand system used: (1) Manual (Gregg, Pittman, etc.) ☐
 (2) Machine (Stenotype, etc.) ☐
 (3) Speedwriting ☐

21. Special skills: list such skills as ability to operate various office machines, communications equipment, professional and scientific devices, etc.

SKILL	CODE	SKILL	CODE

22. Hobbies, special qualifications: list below hobbies and special abilities such as piloting airplane, sailing, skiing, playing musical instrument, writing, stamp collecting, etc. Do not reply solely in terms of qualifications pertinent to your present position but in terms of any abilities or skills you may possess.

ABILITY	CODE	ABILITY	CODE

23. Professional or academic honors and memberships: list below any professional or academic associations or honorary societies in which you hold membership.

SOCIETY	CODE	SOCIETY	CODE

24. Publications: list below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc.; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

TYPE	CODE	TYPE	CODE

25. Inventions: describe any devices you have invented as to the type of work for which intended and whether patented.

DEVICE	CODE	PATENTED	
		(1) Yes	(2) No
		(1) Yes	(2) No
		(1) Yes	(2) No

26. CIA Training: Have you taken in-service training courses in CIA other than the indoctrination courses?

(1) Yes	(2) No
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27. CIA Tests: If you have taken tests at CIA, check the type below:

(1) Personnel Division tests

(2) Assessment

(3) Foreign Documents Division special language tests

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

28. Use the space below to indicate any other qualification you may have which you do not describe above.

